

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Nuredin		08-03-01
O.I.P.E. CLASSIFIER		21	8/10/01
FORMALITY REVIEW	TH	1118	9-11-01
RESPONSE FORMALITY REVIEW	ipd	1030	11-27-01
	CC	1114	12-20-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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9/11/01  
 617  
 11-27-01  
 12-20-01  
 207